To:	United States District Court 10-11-21
	011010000000000000000000000000000000000
	Hello, my name is Alfanto Sanchet 095098
	at 1730 3. Easton Rd. I am 3 ending fluse forms
	in another inmates name out of fear it will
	not make it to you and don to the vetaliation
	because other mail has been tampered with
	as well.
	Inclosed: In Forma Pauperis,
	Request For an Attoney,
	1983 Complaint
	Request for Preliminary & Remanent
	Request for Preliminary & Remanent Injunction.
	V
	Respectfully Scibmitted
	Alfonso Sanchel
Line in	
a receipt of the latest and the	

Case 2:21-cv-04797-MMB Document 2 Filed 10/28/21 Page 1 of 14

# UNITED STATES DISTRICT COURT

for the

Eastern District of Pennsylvania

	Case No.	
ARonzo Sanchez	)	(to be filled in by the Clerk's Office)
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)	) ) )	
-V-	)	
Primicase medical Émental health dept.	)	
Defendant(s)  Defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page	) ) )	
with the full list of names. Do not include addresses here.)		

#### COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

#### NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

The Clerk will not file a civil complaint unless the person seeking relief pays the entire filing fee (currently \$350) and an administrative fee (currently \$50) in advance, or the person applies for and is granted in forma pauperis status pursuant to 28 U.S.C. § 1915. A prisoner who seeks to proceed in forma pauperis must submit to the Clerk (1) a completed affidavit of poverty and (2) a copy of the trust fund account statement for the prisoner for the six month period immediately preceding the filing of the complaint, obtained from and certified as correct by the appropriate official of each prison at which the prisoner is or was confined for the preceding six months. See 28 U.S.C. § 1915(a)(2).

If the Judge enters an order granting a prisoner's application to proceed in forma pauperis, then the order will assess the filing fee (currently \$350) against the prisoner and collect the fee by directing the agency having custody of the prisoner to deduct an initial partial filing fee equal to 20% of the greater of the average monthly deposits to the prison account or the average monthly balance in the prison account for the six-month period immediately preceding the filing of the complaint, as well as monthly installment payments equal to 20% of the preceding month's income credited to the account for each month that the balance of the account exceeds \$10.00, until the entire filing fee has been paid. See 28 U.S.C. § 1915(b). A prisoner who is granted leave to proceed in forma pauperis is obligated to pay the entire filing fee regardless of the outcome of the proceeding, and is not entitled to the return of any payments made toward the fee.

# I. The Parties to This Complaint

# A. The Plaintiff(s)

, **B**.

needed.	ch plaintiff named in the complaint. Attach additional pages if
Name	Alfonzo Sanchez
All other names by which	
you have been known:	
ID Number	095098
Current Institution	Bucks Count Correction Facility
Address	1730 S. Easton Rd.
	Doylestean Pa. 1890/ City State Zip Code
The Defendant(s)	
individual, a government agency, and listed below are identical to those conthe person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person's job or title (if known) and contact to the person is the	ch defendant named in the complaint, whether the defendant is an organization, or a corporation. Make sure that the defendant(s) trained in the above caption. For an individual defendant, include check whether you are bringing this complaint against them in their y, or both. Attach additional pages if needed.
Defendant No. 1	
Name	Mr. Pirolli Director of BCCF
Job or Title (if known)	Director of BCCF
Shield Number	
Employer	
Address	1730 S. Easton Rd.
	Daylastown Pa. 1890/ City State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
	mr. Kratz
Name	Director of BCCF
Job or Title (if known)	Director of SCCI
Shield Number	<u> </u>
Employer	1-2-2-1 1 21
Address	1730 S. Easten Rd
	Day & Stown Da. / 890/ City State Zip Code
	Individual capacity Official capacity
	Individual capacity Incide capacity

E.D.Pa.	AO Pro Se 14 ( Rev. 04/18) Complaint for Violation of C	ivil Rights
	Defendant No. 3	
	Name	Mr. Paul Lagana
	Job or Title (if known)	11 orden
	Shield Number	worken
	Employer	
	Address	1730 3. Easten Rd.
	riduress	2 / 1/
		City State Zip Code
		Individual capacity Official capacity
	Defendant No. 4	
	Name	My Galiane
	Job or Title (if known)	Mr. Galione
	Shield Number	
	Employer	
	Address	1730 3. Easten Rd
		Dovlastown Pa. 18901
		City State Zip Code
		Individual capacity Official capacity
II.	Basis for Jurisdiction	
	immunities secured by the Constitution	state or local officials for the "deprivation of any rights, privileges, or and [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of 388 (1971)</i> , you may sue federal officials for the violation of certain
	A. Are you bringing suit against (a	check all that apply):
	Federal officials (a Bivens	claim)
	State or local officials (a §	1983 claim)
	the Constitution and [federal la	eging the "deprivation of any rights, privileges, or immunities secured by aws]." 42 U.S.C. § 1983. If you are suing under section 1983, what bry right(s) do you claim is/are being violated by state or local officials?
	United States Congand procedural	th, 8th and 14th Amendment of the stitution. Violations of Danchez substantive due process rights  may only recover for the violation of certain constitutional rights. If you
	C. Plaintiffs suing under <i>Bivens</i> mare suing under <i>Bivens</i> , what confficials?	nay only recover for the violation of certain constitutional rights. If you onstitutional right(s) do you claim is/are being violated by federal

E.D.Pa	. AO Pro Se	14 ( Rev. 04/18) Complaint for Violation of Civil Rights
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color
		of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
III.	Prison	ner Status
	Indica	te whether you are a prisoner or other-confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Statem	ent of Claim
	alleged further any cas	s briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite ses or statutes. If more than one claim is asserted, number each claim and write a short and plain ent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
		N/A
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		Bucks County Correctional Facility See attached - Exhibit 1

## 

#### E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

C.	What date and approximate t	me did the events	s giving rise to your	claim(s) occur?
----	-----------------------------	-------------------	-----------------------	-----------------

November 2020 to present

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See attached Exhibits - Exhibit

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

See attached Exhibit

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

See attached Exhib, 7

A.

#### VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	Bucks County Correctional Facility
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	□ No
	Do not know
	If yes, which claim(s)?

The transfer of Sancher to administrative segregation for an indefinite period as a form of purish ment

#### E.D.Pa. AO Pro Se 14 (Rev. 04/18) Complaint for Violation of Civil Rights

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	With BCCF administration including Superintendent and Deputy worden Reel
	2. What did you claim in your grievance?
	See attached summaries prepared by Sanchez as Eshibig
	3. What was the result, if any?
	The grievance was denied,
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	The grievance was appealed to the Buck County Oversight Board as demonstrated in the August 30,2021 letter denying Sancher grievance attached Page 7 of 11
	letter denying Jancher grievance attached

Page 7 of 11

F.	If you did not file a grievance:				
	1. If there are any reasons w	1. If there are any reasons why you did not file a grievance, state them here:			
	2. If you did not file a grieva when and how, and their i		ials of your claim, state who you informed,		
	•				
			* "		
,					
G.	Please set forth any additional remedies.  See attached grizue See Asqust 36		to the exhaustion of your administrative  t my property  Hached		
	(Note: You may attach as exh administrative remedies.)	ibits to this complaint any do	cuments related to the exhaustion of your		
Previou	s Lawsuits				
the filing brought maliciou	g fee if that prisoner has "on the an action or appeal in a court o	ree or more prior occasions, we feel the United States that was dead which relief may be granted,	or an appeal in federal court without paying while incarcerated or detained in any facility, lismissed on the grounds that it is frivolous, unless the prisoner is under imminent		
To the b	est of your knowledge, have yo	ou had a case dismissed based	on this "three strikes rule"?		
Yes	S				
No			. W		
If yes, st	tate which court dismissed your	case, when this occurred, an	d attach a copy of the order if possible.		

VIII.

## E.D.Pa. AO Pro Se 14 ( Rev. 04/18) Complaint for Violation of Civil Rights)

A.	Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?	b
	Yes	
	□ No	
B.	If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)	
	1. Parties to the previous lawsuit	
	Plaintiff(s)	
	Defendant(s)	
,	2. Court (if federal court, name the district; if state court, name the county and State) Fed District Court for Eastern District of Pennsy Lang	
	3. Docket or index number	
	2:18-cv-05381-CMR	
	4. Name of Judge assigned to your case	
	Hon. Cynthia M. Rufe	30
	5. Approximate date of filing lawsuit	
	December 13 2018	
	6. Is the case still pending?	3
	Yes	
	No	
	<b>₽</b>	a
	If no, give the approximate date of disposition.	
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)	
	Pending until dispisation of Sanchez criminal charges in sta	afa
C.	Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?	

# 

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)  1. Parties to the previous lawsuit Plaintiff(s) Defendant(s)  2. Court (if federal court, name the district; if state court, name the county and State)  3. Docket or index number  4. Name of Judge assigned to your case  5. Approximate date of filing lawsuit  6. Is the case still pending?    Yes   No   If no, give the approximate date of disposition  7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)	E.D.Pa. AO Pro S	Se 14 ( Rev. 04/18) Complaint for Violation of Civil Rights
D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)  1. Parties to the previous lawsuit Plaintiff(s) Defendant(s)  2. Court (if federal court, name the district; if state court, name the county and State)  3. Docket or index number  4. Name of Judge assigned to your case  5. Approximate date of filing lawsuit  6. Is the case still pending?  Yes  No If no, give the approximate date of disposition  7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered		Yes
more than one lawsuit, describe the additional lawsuits on another page, using the same format.)  1. Parties to the previous lawsuit Plaintiff(s) Defendant(s)  2. Court (if federal court, name the district; if state court, name the county and State)  3. Docket or index number  4. Name of Judge assigned to your case  5. Approximate date of filing lawsuit  6. Is the case still pending?    Yes   No     If no, give the approximate date of disposition  7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered		No
Plaintiff(s) Defendant(s)  2. Court (if federal court, name the district; if state court, name the county and State)  3. Docket or index number  4. Name of Judge assigned to your case  5. Approximate date of filing lawsuit  6. Is the case still pending?  Yes  No If no, give the approximate date of disposition  7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered	D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
<ol> <li>Docket or index number</li> <li>Name of Judge assigned to your case</li> <li>Approximate date of filing lawsuit</li> <li>Is the case still pending?         Yes         No         If no, give the approximate date of disposition     </li> <li>What was the result of the case? (For example: Was the case dismissed? Was judgment entered</li> </ol>		Plaintiff(s)
<ul> <li>4. Name of Judge assigned to your case</li> <li>5. Approximate date of filing lawsuit</li> <li>6. Is the case still pending?  Yes  No  If no, give the approximate date of disposition</li> <li>7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered)</li> </ul>		2. Court (if federal court, name the district; if state court, name the county and State)
<ul> <li>4. Name of Judge assigned to your case</li> <li>5. Approximate date of filing lawsuit</li> <li>6. Is the case still pending?  Yes  No  If no, give the approximate date of disposition</li> <li>7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered)</li> </ul>		
<ul> <li>5. Approximate date of filing lawsuit</li> <li>6. Is the case still pending?  Yes  No If no, give the approximate date of disposition</li> <li>7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered)</li> </ul>		3. Docket or index number
6. Is the case still pending?  Yes  No If no, give the approximate date of disposition  7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered		4. Name of Judge assigned to your case
☐ Yes ☐ No ☐ If no, give the approximate date of disposition  7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered		5. Approximate date of filing lawsuit
<ul> <li>No</li> <li>If no, give the approximate date of disposition</li> <li>7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered</li> </ul>		6. Is the case still pending?
7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered		
		If no, give the approximate date of disposition

### IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

	Date of signing:	-11-21		
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # Prison Address	Alfonjo Sandy Alfonzo Sanchez 095098 1730 3. Easton Rd. Doffestrun City	N. State	/8°GO/ Zip Code
В.	For Attorneys			
	Date of signing:			
	Signature of Attorney			
	Printed Name of Attorney			
	Bar Number			
	Name of Law Firm	1.4. 21.		
	Address			
		Cit.	C4 4 -	7: Co. Ja
	Telephone Number	City	State	Zip Code
	E-mail Address			

Joseph Foreback#079693 1730 S. Easton Rd. Dollsten, Ru. 18901

> \$8.80 R2303S102982-02

U.S. POSTAGE PAID PM 1-Day DOYLESTOWN, PA 18901 OCT 27, 21 AMOUNT



LADOS TOTAL MOS 2014 TO: U.S. District Court EDPA.

phila, painted St.

EXPECTED DELIVERY DAY: 10/29/21

USPS TRACKING® #

SIT

Purple Heart
The Medal for the
Combat Wounded